



SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



DO NOT USE FOR

* Contractor
vehicle permit

OR

* Single Day
Temporary Parking
Restriction
Request

DIRECTIONS

3/31 6:35

Step One:

- If this request involves closing a street *Sgt. Anderson*
Contact Lafayette Police – Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room,
Riehle Plaza, or John T. Myers Pedestrian Bridge
Contact Facilities Department for availability / 765-807-1323

Step Two:

- Complete and submit this application to Lafayette Clerk's Office
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021

User Information

Date of Event: 6/7/22 Time: From: 5:30 am/pm to: 9:30 am/pm

Name: Theresa Buckley Organization: Bistro 501

Street Address: 501 Main St

City: Lafayette, State: IN Zip Code: 47901

Contact person(s): Theresa or Mary Phone Number(s): 802-505-3531 - Mary
765-409-8469 - Theresa

Email: Theresa.j.buckley@gmail.com

Event Description: Lobster Bake

Caterer: Bistro 501 Caterer's Phone Number: 765-423-4501

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☐ John T. Myers Bridge
☐ City Right-of-way ☒ City Street ☐ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Estimated Attendance: 100/140 ☐ Private Trash Hauler (must be removed by 8am following day)

☒ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages

☐ Restroom Facilities (required for events 4+ hours) ☐ Tents/Canopies

☒ Alcohol (security is required) ☐ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☒ Amusement & Entertainment Permit # AE 7933303C <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

- ☒ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☐ City Equipment: Trash totes, other \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days		42 days	
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☒ Pre-event meeting (if required)
- ☒ Good Neighbor letter to neighboring properties (**send or deliver to neighbors 7 days prior to Board of Works hearing**)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☐ Receipt – payment made to City of Lafayette

- Damage Deposit: \$ _____ (required only when renting Depot)
- Permit Fee: \$ 25 (fee waived when renting Depot)
- Rental Fee: \$ _____
- Equipment & Services: \$ 25 (optional)

- ☒ Certificate of Insurance

- ☐ Amusement & Entertainment Permit # AE 7933303C

Not sure if you need an A&E Permit? Want more information? Go to:
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**

- ☒ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☐ Board of Public Works and Safety meeting (if required)

N/A

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

Date: _____

"User"

By: 
Signature

Printed: THERESA BUCKLEY

Date: 03/18/2022

Friday, March 31, 2022

A Notice to our neighbors:

Board of Works;

We at Bistro 501 are planning an outdoor event (weather permitting) on a portion of 5th street between Main and Columbia for Tuesday, June 7th. The event is set to begin at 5:30 pm and end at 9:30 pm. We anticipate needing about 2 hours to set up and about 1-2 hours to empty out and break down.

This event will have acoustic live music, food, beer and wine. We are setting up dining tables, so this will be a relaxed and controlled environment of Bistro patrons. We have set a limit of 120 people and do not intend on using the entire length of 5th street.

This space will be only taking up about 15-16 parking spaces, and there will still be 19-20 parking spaces available on the street. If you are a staff member at the Shook agency, we will not be in the way of parking lot entrances/exits. We hope that as our neighbors you will feel free to join us for this event, but also permit us to use this shared space. The Police Department will have our section of 5th street blocked off from the corner of our sidewalk on Main Street to partway down 5th street. We intend on avoiding interference of public entrances, but will be fencing off our portion of the sidewalk nearest Bistro 5th Street entrance to allow for alcohol to legally be served.

Rain check plans: we will simply move the event into the restaurant.

This request will go before the Board of Works for approval between now and May 24th.

Questions or concerns can be submitted to Theresa at Bistro 501 or the Clerk's office_

City Clerk Contact: 765-807-1021

Sincerely,

Theresa Buckley
Owner, Bistro 501
501 Main Street
Lafayette, IN 47901

765-423-4501

TheresaJBuckley@gmail.com

Who: Bistro 501 and guests (about 80 people)

What: Clam and Lobster Bake

When: Tuesday, June 7th 2022

Why: to celebrate the coming of summer!

Friday, March 31, 2022

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Owner, Bistro 501
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Lafayette, IN 47901

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Theresajbuckley@gmail.com

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Why: to celebrate the coming of summer!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD)

05/06/2

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

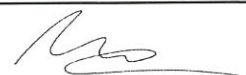
PRODUCER	CONTACT NAME: Phillip Naples	
Lafayette Holdings, Inc. on Behalf of Henriott Group 15 5th Street NW Suite #2250 Atlanta, Georgia 30308	PHONE (A/C, NO, EXT): (888) 306-2921	FAX (A/C, NO, EXT):
	EMAIL ADDRESS: hgismallbiz@henriott.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Selective	NAI
	INSURER B: Accident Fund Insurance Company of America	101
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	52496049	11/05/2021	11/05/2022	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> ANY AUTOS						DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) \$500,000
	<input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						MED EXP (ANY ONE PERSON) \$5,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$2,000,000
<input type="checkbox"/> OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EACH ACCIDENT) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (PER PERSON) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		AFWCP100007209	02/08/2022	02/08/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$500,000						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER	CANCELLATION
City of Lafayette - Community and Economic Development 515 Columbia Street Lafayette, Indiana 47901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Phillip Naples

ACORD 25 (2016/03)

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**CATERING AUTHORITY REQUEST / TYPE 222**

State Form 50184 (R2 / 9-19)
Indiana Alcohol and Tobacco Commission

INSTRUCTIONS:

1. Applicant must complete all requested information.
2. Please type or print clearly.
3. Submit application to the local excise district office.

Deliver or mail to:

District #1 52422 County Road 17 Bristol, IN 46507 Fax: 574-264-9348	District #4 651 S. Fronta Seymour, IN 4 Fax: 812-522-
District #2 1353 South Governors Drive Columbia City, IN 46275 Fax: 219-244-3830	District #5 3650 S. US 4 Vincennes, IN Fax: 812-882-
District #3 41 W. 300 N. Crawfordsville, IN 47933 Fax: 765-362-8817	District #6 6400 E. 30th S Indianapolis, I Fax: 317-541-

STEP 1. PERMITTEE INFORMATION

Name of permittee (as it appears on your Indiana Alcoholic Beverage Permit) Buckley Theres LLC	Doing business as (DBA) BISTRO 501	Permit Number CT 793053
Address (number and street, city, state, ZIP code) 501 MAIN ST LAFAYETTE, IN 47901		Expiration date (month, day, year) 05/18/202
Printed name of contact person for permit THERESA BUCKLEY	Facsimile number for return of approval () N/A	E-mail address for return of approval Theresa.Buckley@
Printed name of contact person of event THERESA BUCKLEY	Employee permit number BR1634782	Emergency contact telephone number (765) 409 8884

STEP 2. EVENT INFORMATION (A SEPARATE REQUEST MUST BE SUBMITTED FOR EACH EVENT.)

Beginning Day Tues Date 6/7/22	Ending Day Tues Date 6/7/22	<input type="checkbox"/> To include Sunday <input type="checkbox"/> Does not include Sunday
Times of catered function: Start 5:30 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM End 9:30 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sunday event times (if applicable) Start N/A <input type="checkbox"/> AM <input type="checkbox"/> PM End	
Type or description of event OUTDOOR LOBSTER BAKE > SIT DOWN 4 course meal		
Exact address of event (number and street, city, state, ZIP code) 501 main st. Lafayette, IN 47901		

STEP 3. FLOOR PLAN (SEE STEP 4, #2)

I swear or affirm under penalties of perjury that all the information contained on the entire application is true and accurate.

Signature of permittee / agent (Acknowledges that you have read the rules and guidelines (Step 4) and that you agree to abide by those rules and guidelines.) [Signature]	Date (month, day, year) 5/5/2022
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FOR DISTRICT USE ONLY

District number	Date issued (month, day, year)
Reviewed by (Must be signed by district lieutenant or sergeant.)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

MISCELLANEOUS PAYMENT RECPT#: 3224467
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 05/12/22 TIME: 15:47
CLERK: sscott DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT:

CHARGES:		
APG1	APPLICATION FEE	25.00
BARR	BARRICADE RENTA	25.00
AMOUNT PAID:	50.00	

PAID BY: BISTRO 501
PAYMENT METH: CHECK
10498

REFERENCE:

AMT TENDERED:	50.00
AMT APPLIED:	50.00
CHANGE:	.00